

**IF YOU ARE A CREDITOR OF EXCEPTIONAL ESCROW CORP.,  
FILL OUT THE INFORMATION BELOW  
AND RETURN THIS FORM TO:**

**Receiver for Exceptional Escrow  
POB 1489  
Olympia, WA 98507**

**CREDITOR INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

- Check box if the above address differs from address on envelope sent to you.  
 Check box and attached copy of assignment if claim has been assigned to you.

Number by which you identify Exceptional Escrow Corp., or Exceptional Escrow Corp's account number: \_\_\_\_\_

**CLAIM INFORMATION**

**1. BASIS FOR CLAIM:**

<input type="checkbox"/> Goods purchased	<input type="checkbox"/> Wages, Salaries and Commissions (Fill out below)
<input type="checkbox"/> Services performed	Your Social Security Number
<input type="checkbox"/> Monies loaned	_____
<input type="checkbox"/> Other Contract (Identify) _____	_____
_____	_____
<input type="checkbox"/> Other (Describe briefly) _____	Unpaid services performed from _____
_____	to _____
_____	Nature of services (Describe briefly) _____
<input type="checkbox"/> Personal injury/Wrongful death/Property Damage _____	_____
_____	_____
_____	_____

2. Date debt to you was incurred: \_\_\_\_\_

3. Amount claimed which is owing to you by debtor on account of any transaction on or before June 19, 2007.

Principal _____	<u>Secured Amount</u>	<u>Unsecured Amount</u>
Accrued Interest as of _____	\$ _____	\$ _____
Other (describe) _____	\$ _____	\$ _____
Subtotals _____	\$ _____	\$ _____
TOTAL OF (a) + (b) \$ _____	\$ _____ (a)	\$ _____ (b)

4. **You must attach copies** of documents in support of this claim, such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, and evidence of any security interest or liens, and of any agreement as to the interest to be paid to you. If the documents are not available, explain. If the documents are voluminous, attach a summary.

5. SETOFFS: Have any sums owed by you to the Debtor been offset against sums owed as of June 19, 2007 by the Debtor to you in calculating your claim?  yes  no

6. To receive an acknowledgment of receipt of your claim, enclose a stamped, self-addressed envelope and a copy of your claim.

7. This form should not be used to make a claim for expenses incurred after the Receiver was appointed June 19, 2007.

### CERTIFICATION

**The undersigned certifies under penalty of perjury that Exceptional Escrow Corp. is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no interest other than such as had accrued as of June 19, 2007 has been included, that all information supplied herein is true and correct, and that the undersigned is authorized to make this claim.**

Date _____	Sign _____  _____ Print the Name and Title, if any, of the Creditor or other Person Authorized to file this claim (attach copy of power of attorney, if any)
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**NOTE: There may be criminal penalties for presenting a fraudulent claim**